



FULL AND PART-TIME FACULTY ADDITIONAL PAY AUTHORIZATION FORM

ACADEMIC YEAR _____ Instructor: Full-time ____ Part-time ____

Last Name: _____ First Name: _____

Division: _____ Dept: _____ Employee ID No.: _____

***PLEASE BE AWARE OF BEGIN AND END DATES OF EACH QUARTER. TOTAL AMOUNT MUST BE A ROUNDED NUMBER.**

Job Title: _____

***PLEASE DESCRIBE DUTIES BEING PERFORMED ON AN ADDITIONAL PAGE FOR EACH AUTHORIZATION FORM.**

Index Code: _____ or Fund: _____ Org: _____ Acct: 1430 Prog: _____

<u>Faculty</u>		<u>\$ Rounded</u>	<u>For Payroll Use Only</u>
SUMMER	Start: _____ End: _____	Total Amt: \$ _____	Bracket: _____
FALL QTR	Start: _____ End: _____	Total Amt: \$ _____	Step: _____
WTR QTR	Start: _____ End: _____	Total Amt: \$ _____	Position #: _____
SPR QTR	Start: _____ End: _____	Total Amt: \$ _____	Entered by: _____
			Date: _____

Please Note: Notwithstanding Article 7.11 in the FA Agreement, additional pay for part-time faculty will create load if it is their primary assignment and will be calculated by column and step. Please keep this in mind when awarding additional pay to part-time faculty.

<u>Faculty/Non Instruction</u>		<u>Hours Only</u>	
SUMMER	Start: _____ End: _____	Total Hours: _____	For Retro Pay/District Payroll Office
FALL QTR	Start: _____ End: _____	Total Hours: _____	Entered by: _____
WTR QTR	Start: _____ End: _____	Total Hours: _____	Date: _____
SPR QTR	Start: _____ End: _____	Total Hours: _____	

Comments: _____

SIGNATURE APPROVALS

Originator's Name (Please Print) Ext./Date

Faculty Member Date

Division Dean Date

Vice President Date

Director, Budget & Personnel Date

Associate V.P. of Instruction Date

Load Initialed by: _____ AVP01)
COLA: Yes No

***All Additional Pay is presumed No Load unless initialed by the A. V.P. of Instruction.**

Note: All required signatures submitted must be forwarded to the Director of Budget & Personnel for final approval. Original to be processed and kept on file in Campus Payroll with appropriate copy to District Payroll for processing.